Q	y item of infor-	IS should state	it of OCCUPA-	1
)	I RECORD. Ever	Y. PHYSICIAN	Exact statemen	
FOR BINDING	S A PERMANENT	tated EXACTL	roperly classified.	ertificate.
IARGIN RESERVED FOR BINDING	UNFADING INK-THIS	supplied. AGE should be s	n terms, so that it may be p	ee instructions on back of ce
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. E		(	I

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Ann
County Salbert	Registration Dist. No. 293
Village or City Cordors Ind	No. St., Ward
A. A	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mssds.
1100' 1-00	3. 1104 tong in 0. 0. ii of foreign inter
2. FULL NAME WILLIAMS (Idel)	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)	21. DATE OF DEATH 12 21 193 44
5e. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of Sorothy Onelie	22.   HEREBY CERTIFY, That I attended deceased from
1.845.00 1010	I last sawh irro alive on CT 20 19 to death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, et
1/4- 5 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	prototh margement. Duration: Lie years.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed lest worked et this occupation (month end	Cheria Cues
SAW MILL, BANK, etc.	02
O 10. Date deceesed lest worked et this occupation (month end yeer)	Teneral De Villey of Oxnaution augus
yeer) Occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
	Cystitis "rd anemials of three years"
E	Aus Alion
(State or country)	Neme of operation Dete of
	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external ceuses (VIOLENCE) fill in also the following:
1	Accident, suícide, or homicide?
O 16. BIRTHPLACE (city or town)  State of country)	Where did injury occur?
17. INFORMANTA Drottly ascho	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Porclora Date 102 24 ,1934	Nature of injury
19. UNDERTAKER CALLED CL. JACKS (Address) Salar Just	24. Was disease or injury in eny way related to occupetion of deceased? 200
20. FILED 10/22, 1934, J. L. Gardner Registrar.	(Signed) (A. C. M. D. Querram d. M. D. (Address) Dai Noboro Ma.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of coset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10525
1. PLACE OF DEATH	93-0
County Calvo	Registration Dist. No. 243
Village or City Mean Cordova MC	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME SUSCE G & Barne	9
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If merried, wido red, or divorced	
(or) WIFE of John A Basula	22. HEREBY CERTIFY, Inst I attended deceased from
6. DATE OF MRTH (month, day, end year) 2/14/5-9	I lest saw h elive on ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at J. J.m.
40 1 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es LeHows:
8 Trade profession or particular	Charle (archaet ailure 9727,
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oete deceesed last worked at this occupation (month ender	Chronic myocarditis. Suration: five
10. Oete decessed last worked at this occupation (month end 24/34 spant in this year)	years Certifi
	Other Contributory Causes of importance:
(State or country)	
13. NAME NEWSY / Leavand	
13. NAME 14. BIRTHPLACE (city or town)	Neme of operation Oate of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME Masgaset Com	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME  16. BIRTHPLACE (CHY OF TOWN)  (State of Country)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Time of Barnes, (Address) Earlow mod	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place	Neture of injury
19. UNDERTAKER James a Sprease	24. Was disease or injury in eny wey related to occupation of deceased?
6 10/22 au 1 4 Mark	(Signed)
20. FILED 1934 Registrar.	(Address) A. Holmon ma.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	0.00	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE	OF DEATH			(82-0)		2	91
	City Mean		(1)	No.  death occurred in a horpital or institution of the second of the se		St.,	War number)
	AME Cerillie	Postwie	K Bea	thy			
(a) Reside	ence: No.	(Usual place	of abode)	St., Ward.	If nonresident giv	e cily or town ar	ad State
PERSO	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL C	ERTIFICATE C	OF DEATH	
Zewal	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	(Month)	23 (Day)	, 193 (Year)
5a. If married, wide HOSBAND OF (or) WIFE of	divorced	Beatt	4	22. Oex. 23	CERTIFY,	That I attende	
	(month, day, and yeer) 4 ears Months	lo ut	18 //	I last saw h elive on to have occurred on the date state	ed above, at 6 A	2.3 <sub>,-,19.</sub> 3.	⊈.; death is sa
bout a	63 -	10	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related causes	of importance	Date of one
Mind of SAWYI A. Industry of work work work work work work work work	fession, or particular work done, as SPINNER, R, BOOKKEEPER, etc  r business in which res done, as SILK MILL, IILL, BANK, etc ased last worked at cupation (month end	sp:	time (years)	Ofrofi	lexy		Oet s
12. BIRTHPLACE (State or co	city or town)	rryla	ud	Other Contributory Causes of impo	ortance:		7
13. NAME 14. BIRTHPLA	CE (city or town)	Boal	wisk	Name of operation		Date of	
	or country)	ma		What test confirmed diagnosis?		Was there as	n au'opsy?
2 (State	CE (city or town)	mod Mod etty	duer	23. If death was due to external car Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred I	(Specify city or to	te of Injury	, 19
	ATION OR REMOVAL	Date / of a	5/34,19	Manner of injury			
19. UNDERTAKER	James a.	Spene	<b>4</b>	24. Wes diseese or injury in any w	vay related to occupati	on of deceased?_	No

V. S. No. 1

state

should

PHYSICIANS

stated EXACTLY.

MARGIN RESERVED FOR BINDING

UNFADING INK-THIS

AGE should be

mation should be carefully supplied.

(Address)

20, FILED 10

-WRITE PLAINLY, WITH

IS A PERMANENT RECORD. Every item of infor-

Registrar.

If so, specify

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1.	STATE OF MARYLAND—	105.56
	County Castot	Registration Dist. No. 2-90
	Village or City Saston Ind	NoSt., Ward
1		death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds
2	FULL NAME Isabelle Bell	
ř	(a) Residence: No.	St., Ward.
Plantin	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. S	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / (Month) (Day) (Yedr)
ia.	If married, widowed, or divorced HUSBANO of (or) WIFE of week P Boll	22. 1 HEREBY CERTIFY, That I allended deceased from
5. 0	ATE OF BIRTH (month, day, and year) 1/3/ 10 3	l last saw h; death is sale
7. A	GE Years Months Oays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 2
5	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	f) A lux
PATIO	9. Industry or business in which	Gumonary Unterlutous "Ma
0000	work was done, as SILK MILL, SAW MILL, BANK, etc	<i></i>
	10. Date deceased last worked at this occupation (month and year)	
1	18/107	Other Contributory Causes of Importance:
2.	(State or country)	
200	13. NAME arthur of steerast	
	14. BIRTHPLACE (city or town)	Name of operation Moul Date of L
-	(State or country)	What test confirmed diagnosis? X Ray + Dad the Carl and opsy? Wo
-	15. MAIDEN NAME Seuce Brauble	23. If death was due to external causes (VIOLENCE) fill in also the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
. 1	(State or country)	Where did injury occur? (Specify city or town, county and State)
7. 1	INFDRMANT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8.	BURIAL, CREMATION, OR REMOVAC	Manner of injury 2002
	Place @ 0ate 10/12 , 1934	Nature of injury 1
19. 1	UNDERTAKER QUEE A Spence	24. Was disease or injury In any way related to occupation of deceased?
		(Signed) William Hammond M.
20. 1	FILEO 19 / 1/ 1934 P. J. J. J. J. L. Registrat	(Address) Suranov Pu

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Example I	P.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<b>3</b>
County	Registration Dist. No. 293
Village or City W Carlor	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME	odw
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 3. SEX 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7
5a. If merried, widowed, or divorced	(Month) (Oay) (Yeer)
HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 10.22 34	I last sew in alive on, 19; death is said
7. AGE Years Months Oays II LESS then 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade patession of activities	were as follows:
8. Trade, protession, or particular kind of work done, as SPH NER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPH NER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked et this openation (month and	
10. Oate deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Oate of What test confirmed diagnosis? Wes there an autopsy?
IS. MAIOEN NAME Welfard & arrings	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?Oate of Injury, 19 Where did injury occur?
17. INFORMANT (Address)  Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place At - Jacoph Countary Octo 10-23-, 19.34	Menner of injury
19. UNDERTAKER Alton Ceallahan (father)	24. Wes disease or injury in any way related to compation of deceased?
20. FILEO 10/23, 1924, D. L. Gardner	(Signed) M. D.  (Address) Centreville - Ind.
Registrar.	(Address) Plusteralle - Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	- MARYLAND-	CERTIFICATE OF DEATH	15.,3
1. PLACE OF DEATH	-	82-0	TA .
County Callotty	ello	Registration Dist. No. 2 9	
Village or City	(If	No. St., death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city of own where dea	th occurred 29 yrs mos	ds. How long in U.S. if of foreign birth?yrsm	osd
2. FULL NAME Suice	W. Copper		
(a) Residence: No.	- //	St., Ward.	
PERCONAL AND CTATICTIC	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTIC  3. SEX 4. COLOR OR RACE 5	. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
To a Del	OR DIVORCED (write the word)	L. DATE OF BEATH	193 4
5a. If married, widowed, or disporced	widow	(Month) (Day)	(Year)
(or) WIFE of	Off	22. I HEREBY CERTIFY, That I altended	
paue >	oppor	let 4 1934, to Oct 5 fta	- '
6. DATE OF BIRTH (month, day, and year)	1800		; death is s
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance	
Breef 19	ormin.	were as follows:	Data of on:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, alc.	Nousework	Mes le a se	12- P
9. Industry or business In which work was dona, as SILK MILL,		- Corolly	The state of
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, alc.  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc.	11 Tatal Nime (man)	<b>Y</b>	
this occupation (month and year)	11. Total time (years) spant in this occupation		
		Other Contributory Causes of importance:	
12. BIRTIIPLACE (city or town)	redaud	arles or seles over	-
13. NAME	Lion_		
13. NAME  LIST 14. BIRTHPLACE (city or town)		Name of operation Date of	
(State of Country)	ld .	What test confirmed diagnosis? Was thera an a	ulopsy?
15. MAIDEN NAME PROPERTY	e Blake	23. If death was due to external causes (VIOL ENCE) fill In also the following	:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
(State or country)	a 11	Where did injury occur? (Specify city or town, county and State	-)
17. INFORMANT Suggles	VLopper	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
(Address) End (Address)  18. BURIAL, CREMATION OR REMOVAL	F. F. 11/	M	
Place Coppesswille	Data 10/4 1934	Manner of Injury	
	18	24. Was disease or injury in any way related to occupation of deceased?	u
19. UNDERTAKER TO AND A CONTROL (Address)	Fred 1	If so, specify	
10-9 .30	1. 7/2/10	(Signed) S. Demylerlle	M
20. FILED 1.0 - 19 - 4	, ri porcuo	0407-	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, mainter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Bridge All Value			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10530
1. PLACE OF DEATH	119
County Talot	Registration Dist. No. 290
Village or City Laston and.	No. Emeralment Hospitas Ward
	If death occurred in a hospital or institution, give its NAMZ instead of street and number)
	ssds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME ( aura tushes)	Caro ine ound
(a) Residence: No. fellewishers (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Jemale White Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceased from Sept. 23 1934 to OCT 11 1934
6. DATE OF BIRTH (month, day, end year)	i iast saw h. Ls. elive on Det 11 1934 : death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
80 27 1 day,hrs.	were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER.	Marasuys Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	-
work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupetion (month end spant in this occupation contact this occupation	
12. BIRTHPLACE (city or town). + adaralalare	Other Contributors Cosses of importance:
(State or country)	- Mestin
13. NAME Trisland 14. BIRTHPLACE (city or town) Le de rallylrung	1.4
4 14, BIRTHPLACE (city or town) - e de ralshurg	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Wes there an eu'opsy?
15. MAIDEN NAME (city or town). I sale algeria.  (State or country)	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town). I Recommended to the control of t	Accident, suicide, or homicide? Date of injury, 19
OD FIN	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAE, CREMATION, OR REMOVAL	Manner of injury
Piece to devaluira Date 14 1934	Nature of injury
19. UNDERTAKER 2/ Frankfilish Son	24. Was disease or injury in any wey related to occupation of deceased?
(Address Feederful Slove, mil	If so, specify
20. FILED 10-12 19.34 NAMerica	(Signed)

Registrar.

(Address)

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Example I	lt lt	Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 0 1504			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			11

If more blanks are needed, address State Registrar, 24xx N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I			Example II			
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis		1915	Attack of epilepsy	1 week ago		
Chronie interstitial neph	ritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	NOT B 1804	July 5,1927	Peritonitis	3 days ago		
	BUDEAU V. C.					
Other contributory ca	uscs of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
				<u> </u>		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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4	,
XV)	
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PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important.

mation should be carefully supplied. -WRITE PLAINLY, W ä

1. PLACE OF DEATH	CERTIFICATE OF DEATH 10532
County Jallat	Bagistration Diet At-
Village or City Caston	Registration Dist, No.
(If	death occurred in a hopital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	6.72 ds. How long In U.S.Yf of foreign birth?yrsmosds.
2. FULL NAME William Degramin	Troves
(a) Residence: No. Tennedyulla, Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male While married	(Month) (Dey) (Yaar)
5a. If merried, widowed, or divorced HUSBAND of Was Latherine Groves	22.1 I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May. 4. 1890	I last sew has aliva on Oct 6 ,1937; death is said
7. AGE Years Months Days II LESS than	Io have occurred on the date stated above, at 1.45 Q'm.
44 7 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
C Trade profession or postinutes	Data of onset
kind of work dona, as SPINNER, - armer	Theunous seles 9/30/31
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Et Lower Labe
SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last workad at this occupation (month and year)  11. Total time (yeers) spant in this spant in thi	
12. BIRTHPLACE (city or town) - Jent lounly	Other Coutributary Causes of importence:
(State or gountry) Mauland	afferbles la Oleste de 1
13. NAME James Tengu Groves	Ruffuel 124/34
13. NAME James Newy Groves  14. BIRTHPLACE (city or town)	Name of operation of levelsty or available of 9/29/30
(Stata or country)	What test confirmed diagnosis? Churcal y XL Was there an au'opsy?
15. MAIDEN NAME Jarah Telegra Baker	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Tent Co.	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Manyland	Whate did injury occur? (Specify city or town, county and State)
17. INFORMANT 19 Graves (Address) Chestertown Md.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL	Manner of injury
Place Date Date 9, 19.3.4	Natura of injury
19. UNDERTAKER / SKA CLUBER (Addrass)	24. Was disease or injury in any way related to occupation of decaased?
20. FILED 197, 1934 7. 4. News. Registrar.	(Signad) Car Day W.D.  (Address) Car Day W.D.
To the state of th	Control of the second s

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc.—For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	infor-	state	UPA-	
	tem of	pluods	f OCC	1
7	IS IS A PERMANENT RECORD. Every item of infor-	be stated EXACTLY. PHYSICIANS should state	be properly classified. Exact statement of OCCUPA.	
•	CORD.	HYSIC	ct stat	
	T REC	Y. I	Exa	10
DING	ANEN	ICTL	ssified.	
D FOR BINDING	PERM	EX	ly cla	ate.
FOR	IS A	stated	proper	f certificate.
Q	IS	96	96	Je (

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	10000
1	County albat	Registration Dist, No. 290
1	Village or City Eastan	No Emergency Hospitas, ward
	Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital of institution, ave its NAME intead of street and number)  ds. How long in 0. S. if of foreign birth?
	2. FULL NAME Berlie Holland	
	(a) Residence: No. Preston md.	St., Ward,
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
100	OR DIVORCED (writing the word)	Ucloper 10 193 4
	5a. If married, widowed or divorced	(Month) (Dey) (Yeer)
	(or) WIFE of JoShua Holland	22. O LI HEREBY CERTIFY. That I attended deceased from
å	6. DATE OF BIRTH (month, day, end yeer)	Hast saw h ev alive on OCF 10 10 34 death is rely
certificate.	7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 3:10.9 m.
rtif	28 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
of ce	8. Trade, profession, or particular kind of work done, es SPINNER, House work	Date of onsat
		may 193
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	Clark negtrite with September 193
on	- this accubation (month and 2baut 11) fill?	- Jama
instructions on	year) occupation	Other Contributory Causes of importance:
ucti	12. BIRTHPLACE (city or town) Waster Touch	
nstr	WILL	
See i	TA RIPTUPLACE (situ or town)	Name of operation Date of
	(State of Country)	What test confirmed diegnosis? And was there an au'opsy?
important.	15. MAIDEN NAME HONILE HO	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
ort	16. BIRTHPLACE (city or town)	Accident, suicide, or homlcide?
imi	(accombillant)	Where did injury occur? (Specify city or town, county and State)
very	17. INFORMANT SISTEMAN SITEMAN	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is v	18. BURIAL, CREMATION OR REMOVAL	Manner of injury
	Place Manual Date 1912 1934	Nature of injury
TION	19. UNDERTAKER	24. Was disease or injury in any way related to occupetion of deceased?
	(Address)	If so, specify  (Signed)  M D
	20. FILED 10/1/ 19.3 4 / Den Registrar.	(Address)
1		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Date of onset	The principal cause of death and related causes	Date of areat
	The principal cause of death and related causes of importance were as follows:	Date of Olizer
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

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OCCUPA.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of o set	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU C. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN	
						-

*	STATE	OF MARYLAND-	-CERTIFICATE OF DEATH	4. 1- 13 1-
1	County Jalket	Co —	Registration Dist. No. 29	0000
		istor	No. St.,	Ward
2	Length of residence in city or town wh		osds. How long in U.S. if of foreign birth?yrsf	
	(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town an	d State
	PERSONAL AND STATI	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.5	Sex 1. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH (Month) (Dey)	, 193 (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Chap.	7. Hyser	22. OLHEREBY CERTIFY That I attended	d deceased from
	DATE OF BIRTH (month, day, and year)	Jan 16-1866	I lest sew held alive on Olf 391 ,193	: death is said
1. 1	AGE Yeers Months	Pays If LESS than 1 day,hrs	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NOIL	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Haunerofe	Chronic Merselyes	
CCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Hausewark	Nephutis	100
00	10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spant in this occupation		
12.	BIRTHPLACE (city or town) (State or country)	alkat 6	Other Contributory Causes of importance:	
FATHER	13. NAME Charles	Dulin	- Julius radjugation	7.34
	14. BIRTHPLACE (city or town) (State or country)	Talbur co	Name of operation Date of What test confirmed diagnosis? Was there an	au'opsy?
THER	15. MAIDEN NAME Eucly	7. Draper	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of Injury	ng:
MOT	16. BIRTHPLACE (city or town)	ma	Where did Injury occur? (Specify city or town, county and St	ate)
17.	INFORMANT // Care (Address)	ton. Wel	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC P	LACE.
18.	BURIAL, CREMATION OR REMOVAL Place Centreville	nd Date Oct 23 1939	Manner of injury Nature of Injury	
19.	UNDERTAKER Bartae (Address) Centre	veles md.	24. Was disease or injury in eny way related to occupation of deceased?	no
20.	FILED 10/22 , 1934	n. Nerue Registrar.	(Signed) ames B. Mensel.	34 M.D

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Example I	i de la companya de l	Example II	
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WW 6 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RESERVED

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BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			14.

		3		141	I A ATT	1	FORD	Philaid to delvision for binding	1	X	
-WKITE PLA	INLY,	WITH	UNFAD	ING IN	VK-T	HIS	IS A PE	RMANENT	-WRITE FLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	y item of inf	for-
mation should	be care	fully s	supplied.	AGE	plnous	be	stated E	XACTLY	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	S should st	ate
CAUSE OF DI	ATH !	n plain	n terms, se	that	it may	be	properly	classified.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	t of OCCUF	·Vo
TION is very important. See instructions on back of certificate.	mporta	nt. Se	ee instruct	tions of	n back	of (	ertificate			1	

mation should be car B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10507
1. PLACE OF DEATH	
County Talbox	Registration Dist. No. 291
Village or City Boman	A1
	f death occurred in a horpital or institution, give its NAME instead of street and number)
71	s2.6. ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME W. Vyarry Jednum	
(a) Residence: No. 1307 (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH)
male white OR DIVORCED (write the word)	V 193 /
Sa. If married, widowed, or divorced	(Month) (Day) (Fear)
HUSBAND of Orr WIFE of	22. 1 HEREBY CERTIFY That Lattended deceased from
B. DATE OF BIRTH (month, day, and year) Seat 6th 1908	fast saw harmalive on Oct 19 9; death is seid
7. AGE Years Months Days I If LESS than	to have occurred on the date stated above, et. 720 4.m.
26 \ 26   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Toresa : cause or form of 18 44
9-Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	pararias not known. Be exertally
10. Date deceesed last worked at 11. Totel time (years)	no mentality whaterews Creen
this occupation (month end spant in this year) occupation	
12. BIRTHPLACE (city or town) Boz man	Other Contributory Causes of importance:
(State or country)	- Tomile a 17
13. NAME Ormond J. Lednum	- Condition
14. BIRTHPLACE (city or town) Telephonau	Name of operation
(State or country)	What test confirmed diagnos c? Was there an autopsy?
15. MAIDEN NAME Mary Jones	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) // 29 man (State or country)	Accident, suicide, or homicide? Date of injury, 19
	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Ormand V. Jednum (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ry man Mq Date Oct 4 , 1934	Nature of injury
9. UNDERTAKER Newmann + Harrison	24. Was disease or injury in any way related to occupation of deceased?
(Address) If Michaeles ma	If so, specify
O. FILED Oct 3 1934 John Hurwales	(Signed) Arys H Selle M. D.
Local, Registrar,	(Address) Withean

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RECORD. Every item of infor- PHYSICIANS should state Exact statement of OCCUPA-	STAT  1. PLACE OF DEATH  County Vallof  Village or City A o y a  Langth of residence In city or tow  2. FULL NAME A  (a) Residence: No.
RECC PF Exact	
TT RI	male white
ADING INK—THIS IS A PERMANENT ed. AGE should be stated EXACTLY s, so that it may be properly classified.	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Control WIFE of W
ADIN ed. s, se truction	12. BIRTHPLACE (city or town)(State or country)
ITH UNFA	13. NAME Farmer  14. BIRTHPLACE (city or town)  (State or country)
W refu	15. MAIDEN NAME Ellen
INLY, be ca EATH import	(State or country)
AIL Id b DE,	17. INFORMANT Mue ann

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10508
1. PLACE OF DEATH	(822)
County Valbot	Registration Dist. No. Z91
Village or City Royal Oak	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Vanuel J. Marsha	
(a) Residence: No. Rousall Oak	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE No DIVORCED (write the word) Control of Divorced (write the word) Control of Divorced (write the word)	21. DATE OF DEATH  Och  (Month)  (Day)  (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Chris M. Marshall	22. HEREBY CERTIFY, That I attended decaesad from 23. 19.74, to 50. 15. 19.84
6. DATE OF BIRTH (month, day, end year) Cury wet 4 1867	I last saw h_bon_ elive on_ Orl 20, 19854_; death is said
7. AGE Years Months Days If LESS than	to heva occurred on the date steted above, at LL 20 nR h
67 2 15 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trada, profession, or perticular kind of work dona, as SPINNER, Waterman SAWYER, BOOKKEEPER, etc.	Carebral hamor hage
kind of work done, as SPINNER, Naturnau  Kind of work done, as SPINNER, Naturnau  SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10-Date deceased last worked at this occupation (month and 4.0.2.0.4)  This population (month and 4.0.2.0.4)	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and / 929 spent in this occupation year)	
17001.1.9	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) according (State or country)	Mas Dean a currelady from
	Tantos dilmenda for 15 %
13. NAME Tame Marchall 14. BIRTHPLACE (city or town) Jallot Co	Name of operation
(State or country)	What test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME Ellen Wales  16. BIRTHPLACE (city or town) Jallot Co	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Vallet Co	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Me Unnie M. Marshall (Address) Yoyal Clark Oak	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place taston Ind Data Wct 2 1 1934	Natura of Injury
19. UNDERTAKER Newnam & Harrison (Address) It have the med	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Det 26, 1934 John Hurvales.	(Signed) Same 6. Life for M.D.  (Address) Rayal Oak Sad
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	nfor-	state	IPA.
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	iter	S	Jo
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
	RD	IYS	sta
	RECO	7. PH	Exact
5	LN	T	d.
T	INE	CI	sifie
7	3M	XA	clas
4	PE	国	rly
3	V	atec	obe
7	SIS	e st	e pi
7	THI	q P	d vi
2	X	houl	t ma
2	Z	ES	at ii
4	ING	AG	o th
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	PLA	ould	F L
	TE	n sh	SEC
	WRI	atio	CAUS
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	N. I		The same of
	-4		

1.	PLACE OF			-CERTIFICATE OF DEATH	1000
	County	elbot		Registration Dist. No. 29	2
	Village or City	new	Drowne	No SY	W
	Length of resider	nce in city of fown where		(If death occurred in a hospital or institution, give its NAME instead of street a nos. How long in U.S. if of foreign birth?	nd number)
2.	FULL NAM		Mikorie	Now long in Co. if of longin bitting in the control of the control	
-	(a) Residence			St., Ward.	
gill Desire			(Usual place of abode)	If nonresident give city or town	and State
9 01	-		TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SI	Male	COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Oay)	, 193 (Year)
5a. I	f married, widowed, HUSBANO of (or) WIFE of	or divorced	0	22. I HEREBY CERTIFY, That I attend	
6. D.	ATE OF BIRTH (mo	nth, day, and year)	Out 22 1934	I last saw h alive on	
7. A	GE Years	Months	Days If LESS than	to have occurred on the date stated obove, at	
	V .	-	l day,h or <b>!O</b> _min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of o
NO	8. Trade, profession kind of work	n, or particular k done, as SPINNER, « OKKEEPER, etc			
OCCUPATION	9. Industry or bus		1/2	Tremaluse Cout & Nico	
000	SAW MILL,	BANK, etc	(0)		
ŏ	this occupati	on (month and	11. Total time (years) spent in this occupation		
12. E	BIRTHPLACE (city o		nja	Other Contributory Causes of Importance:	
ER	(State or country	O fue	A d		
I	13. NAME	House	Titus		
FAT	14. BIRTHPLACE (ci (State or cou	1 1	albri Go -	Name of operation Date o	
HER	15. MAIOEN NAME	Emile	nae nurraes	What test confirmed diagnosis?	
5	16. BIRTHPLACE (ci	ty or town)	1 6	Accident, suicide, or homicide? Date of injury	
Σ	(State or co		lore do	Where did injury occur?	
17, 11	NFORMANT(Address)	(Oruley)	has hurray	(Specify city or town, county and Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC	PLACE.
18. B	BURIAL, CREMATION	I, OR REMOVAL	antial 2	Manner of Injury	
-	Place	O POPE	Date	Nature of injury	
19. U	(Address)	Thomas	Caster Pr	24. Was disease or Injury In any way related to occupation of deceased?	no
20. F	TLED Det.	31 10 30	nestastono	(Signed) Jordan (Plan	alsau In

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BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEA

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PURPAR V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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, T	

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RESERVED FOR BINDING	
FOR	
RESERVED	
MARGIN I	

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 10541
1. PLACE OF DEATH	
County Julia	Registration Dist. No.
Village or City Revious	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the a hospital of institution, give its invalves instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Ethel Joven Port	
(a) Residence: Np.	St., Ward.
(Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Terrele White OR DIVORCED (write the word)	October 30, 193 4
5a. If married, widowed or divorced HUSBAND of	(Month) (Oay) (Year)
(or) WIFE of George a Cook	22. I HEREBY CERTIFY, That i ettended deceased from
6. DATE OF BIRTH (month, day, and year) June 28 1877	1 last saw had alive on 0 7 30 ,19 3 4; doath is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated ebove, at/m.
57 4 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of Importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and specified from the property of the	Chrome Diffuse nephrites 1048
work was done, as SILK MILL, SAW MILL, BANK, etc	Deabetto mellitus Joyro
D ID. Date deceased last worked at this occupetion (month end spant in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Oars lune Co Mag.	
	chi - o
14. BIRTHFLACE (city or town) Control (State or country)	What test confirmed diagnosis? Www. Was there an autopsy? NO.
15. MAIDEN NAME Brilly Covery	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Brilly Covery  16. BIRTHPLACE (city or town) Calvo en (State or country)	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Cully of Fodd	Specify whether injury occurred in INOUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Zaslan 18. BURIAL, CREMATION, OR REMOVAL	
Place Bushan Date Utol 1, 1934	Manner of Injury
19 UNDERTAKER Manin & Hurzans Draw	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify D S O
20, FILED 10/81, 1934 M. N. Ylauria	(Signed) {
Registrar.	(Address) Zaston md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
80V 6 1984			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	23)
county falleat la	Registration Dist. No. 292
Village or City Oxford	No. St., Ward
AL (I	f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long is U.S. If of foreign birtb?
014011	10. In the lang is 0.0.11 of total grant with the second of the second o
2. FULL NAME Chresly Patts	
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
M. If married, widowed, or divorced HUSBAND of (or) WIFE of Busker Halls	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Hast saw be gard alive on 10/8 1934 : death is said
6. DATE OF BIRTH (month, day, and yeer)  7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 6 Pm.
ahaut 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	Date of one of July 20,3,
9. Industry or business in which work was dona, as SILK MILL.	
kind of work dona as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Deta daceased last worked at this occupation (month and spent in this	
year) 1934 June 13 occupation year	Other Centributery Causes of Importence:
12. BIRTHPLACE (city or town) Oxford	VIII COLORS OF IMPORTANCE
(State or country) And	-
13. NAME Jambert / Waters 14. BIRTHPLACE (city or town) Flairmannt	
4 14. BIRTHPLACE (city or town) He aresearch	Name of operation Date of
(Stata of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Julia Blay  16. BIRTHPLACE (city or town) Professor	23. If daath was due to axternal causes (VIOLENCE) fill in also tha following:
	Accident, suicide, or homicida?
S (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Was Waters Lon 10.6	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place John Wesley Ocon Date Wet 1934	Natura of Injury
19 UNDERTAKER Jas & Stewart	24. Was disease or injury In any way related to occupation of deceased?
(Addrasg) / Dalealury and	If so, specify
20. FILED Det 10 1934 Joseph arond	(Signed) Laymant Mily M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker" "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	Parties of the Partie	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year
	1		1

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYS	ICIAN
MUNITIONAL	STAUL	LOW	LOUITIE	SIAIDMENIS	DL	LILLE	PLETIOIS

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10543
1. PLACE OF DEATH	942
County Sallyat p	Registration Dist. No. 221
Village or City St Michaele	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
I have to do a star	
2. FULL NAME A GOOD REGISTER MA	2
(a) Residence: No. (Usual place of abode)	St., Ware.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word) OR-DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced A D	, , , , , , , , , , , , , , , , , , , ,
(61) WIFE of Olive 79. Register	Jace   HEREBY CERTIFY That   attended deceased trom
6. DATE OF BIRTH (month, day, and year) Dec 1/2, 1867	/last saw h_we alive on Oex 7 19.3.4; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
66 9 7 1 day, hrs. or	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	A
9. Industry or business In which work was done, as SILK MILL,	luqua tretous
SAW MILL, BANK, etc	
O To. Date deceased last worked at this occupation (month and year) spent in this occupation occupation occupation	
12. BIRTHPLACE (city or town) Philadelphia)	Other Contributory Causes ot importance:
(State or country)	
13. NAME Isaac Layton register	
13. NAME Saac Jaylon register  14. BIRTHPLACE (city or town): A hunchelle  (State or country)	Name of operation Date of
(State of Councily)	What test confirmed diagnosis? Was there an autopsy? Ho
15. MAIDEN NAME Complete b. Croft.  16. BIRTHPLACE (city er town) helpflefe	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Mugaliphica  (State or country)	Accident, suicide, or homicide?
all the first	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Author Julian Julian (Address) It Michaelle Mill	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL	Manner of injury
Placell Michaele Date Oct 9, 19 34	Nature of injury
19. UNDERTAKER J. Morman Mayshall	24. Was disease or injury in any way related to occupation of deceased?
(Address) I It Michaelle Mid.	If so, specify
20. FILED DET 8 4, 1934 Latin Berryales Registrar.	(Signed) M. D. (Address) SX Muchael Me
The state of the s	The state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MURLEN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

BINDING

FOR

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU Y. S					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			1		

of OCCUPA-

Exact statement

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

AGE should be

mation should be carefully supplied.

B.

CTATE OF MADVIAND	CERTIFICATE OF DEATH	545
	-CERTIFICATE OF DEATH	030
7.11	Registration Dist. No. 2-9	0
County	Control of the contro	
Village or City Laston 1993	N0St., If death occurred in a hospital or institution, give its NAME instead of street and no	umber)
Length of residence in city or town where death occurredyrsmo	osds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Sides III Wasslebes	my	
(a) Residence: No.	St., Ward.  If nonresident give city or town and S	2
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	nate
B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	10 17	193
ia. If married, widowed, or divorced	(Month) (Day)	(Tear)
(or) WIFE of Char N. Daubobury doe	22.   HEREBY CERTIFY, That I attended d	
B. DATE OF BIRTH (month, day, and year) /0/28/40	I last saw h alive on 10 - 1 6 193 4	; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.410m.	
63 1/ 30 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	K Pnen - Loles	10-15-7~
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.	Generalis arteriorelasion	19.33
10. Date decessed last worked et this occupation (month and 4434 spant in this occupation)	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)		~
13. NAME Laures Whate		
14. BIRTHPLACE (city or town)	Name of operation	
(State or country)	What test confirmed diagnosis? Litural Was there an a	i'opsy??
15. MAIDEN NAMEZELLEN ASSOCIATED	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oate of Injury	, 19
17. INFORMANT Ellen Saulsbury	Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Easte Ind Oate 15/19., 193	Nature of injury	
Same Carlland	24. Was disease or injury in any way related to occupation of deceased?	zus
19. UNDERTAKED	If so, specify	
Maria Mall M	(Signed)	M. D.
20. FILED Of 18, 1934 - 1-St 1 QUELLE Registration	(Address) Saston 21	rd

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į	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	= 100
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

3.

5a.

6. 7.

OCCUPATION

12

MOTHER FATHER

18.

19

20.

M

SI L PLACE OF DEATI	AIEO	F MAR	YLAND—	CERTIFI	CATE O	F DEAT	[H	0540
County Jac	Chox				6200	Registration Di	st. No. 20	70
Village or City	asto	70			hospital or institution,	give its NAME i	St.,	
Length of residence in city	or town whare de	ath occurred	yrsmos	ds. How	long in U.S. If of for	reign birth?	yrsm	osds.
2. FULL NAME	arres	Sser	mon					
(a) Residence: No.		(Usual place of	of abode)	St.,	Ward.	If nonresident giv	ve cily or town and	1 State
PERSONAL AND	STATISTIC	CAL PARTIC	CULARS	M	EDICAL CER	TIFICATE	OF DEATH	
SEX 4. COLOR	hitE	5. SINGLE, MARK OR DIVORCED	RIED, WIDOWED,  (write the word)	21. DATE O	We.	Worth)	(Day)	, 193 (Year)
If married, widowed, or divorce HUSBAND of (or) WIFE of	nie .	SEYTT	TOM	22. 111 22. 2100	HEREBY C	ERTIFY.	That I attended	deceased from
DATE OF BIRTH (month, day, a	and yaar)	Jah. 30	1840	I last saw here		elutes	7 19.34	∠ death Is said
AGE Years	Months 8	Oays	If LESS than 1 day,hrs. ormin.	The PRINCIPAL web as follows:	on the deta steted ab	nd ralatad causes		
8. Trade, profession, or part kind of work dona, as SAWYER, BOOKKEEPE	SPINNER, R, etc			Tener	al arter	es Scle	rosas	1920
9. Industry or business in w work was dona, as SIL SAW MILL, BANK, etc		PETIN	-ed,					
10. Oata deceased lest worke this occupation (month year)	d at n and		na (years) t in this pation			/		*
BIRTHPLACE (city or town) (State or country)	7A2	bot s	?6,	Other Contributor	Causes of importen	uvrha	90)	Oct 5
13. NAME	inm	E SEI	7170)41				<i>†</i>	
14. BIRTHPLACE (city or town (Stata or country)	) Tr	phie	1	Name of operation			Date of	
15. MAIDEN NAME	ZizA.	6ETh	Cohes		ed diagnosis?			
16. BIRTHPLACE (city or town (State or country)	1) 0/1/	App	Enid		or homicide?			
INFORMANT FIE	Arris	Mag	RING T			(Specify city or to OUSTRY, in HOME	wn, county and State, or in PUBLIC PL	ACE.
BURIAL, CREMATION, OR REM	NOVAL HITT	LAST.	9 1934	Manner of injury .		••••••		
UNOERTAKER HOLLEN (Address)	in Colo	Uvuan	whom		injury In any way re	elatad to occupation	on of daceased?	
FILED 10/7 , 19	3477	Al. ne	Registrar.	(Signed)_	Velleau	u DD	eynyn	<b>V</b> м. D.
	TE man bi		Hanne Cara Davis	N. O. J. C.	. D. 11 D	GL C M	V	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritondis	3 days ago
EUKEAU V. W.			
V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

V. S. No. 1 ż

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82~a)
County Tallet	Registration Dist. No. 290
Village or City Castou	No. 6 mergence Nospital St Ward
	If death occurred in a horbital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME. Lewy Skinner	
(a) Residence: No. 6 aston, Masylan	LSt., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. CQLOR OR RACE 5. SINGLE, MARRIED, WIDDWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
male Black OR DIVORCED (write the word)	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFM, Jhat I attended deceased from
2 A classification	Oct 29 ,19 37, 10 Oct 31 ,19 34
6. DATE OF BIRTH (month, day, and year) Wester 1890,	I last sew has calive on Och 31 , 1934; deeth is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 7/1/5 frm.
- 8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related ceuses importence were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked et this occupation (month end	Carelmal No
Industry or business in which work was done, as SILK MILL,	10-24-3
SAW MILL, BANK, etc.	
11. Total time (yeers)  12. Total time (yeers)  12. Total time (yeers)  13. Total time (yeers)  14. Total time (yeers)  15. Total time (yeers)  16. Total time (yeers)  17. Total time (yeers)  17. Total time (yeers)	
12. BIRTHPLACE (city or town)	Dther Centributory Canses of importance:
(State or country)	Hada San
II 13. NAME Segree Sky 1140	
13. NAME  14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Chinical Wes there en au'opsy? The
15. MAIDEN NAME Elect Collection 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT CASELLE OLLI (Address)	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF BEMOVAL	Menner of injury
Place Zastan Date 11 5 194	Nature of Injury
19. UNDERTAKER A C Species (Address)	24. Was disease or injury in eny way related to occupation of deceased?
Mila au millioni	If so, specify (Signed) M. D.
20. FILED. 4 19 34 Registrar.	(Address) Saston my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	it	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NOV 8 1553				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
The second secon				

V. S. No. 1

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20. FILED.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	57
County Salbot	Registration Dist. No. 2 90
Village or City Payal Oak Mide	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	dw long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lawrell Wher	Spenner
(a) Residence: No. Pound lake mil	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  There OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Hatterick Skewer	Jan 20 1928 10 Oct 18 1984
6. DATE OF BIRTH (month, day, and year) Oct. 14, 1848	I last saw h alive on DCD 14 19 34 deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.50 m.
(1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular	were as follows:  Date of Money  Date of onest
kind of work done, as SPINNER, Harwell SAWYER, BOOKKEEPER, etc.	A . 2-2-
9 Industry or husiness in which	Immedia lear beach
work was done, as SILK MILL, SAW MILL, BANK, etc	Rilem -
10. Date deceased last worked at this occupation (month and spent in this	
yaar) occupation	Other Caatributary Caases of Importance:
12. BIRTHPLACE (city or town) Joyal Cake	3
(State or country) Talbot 60, Ma	anterio-sclerosis Ey old age.
13. NAME Jus Thomas Spunces 14. BIRTHPLACE (city or, town) Royal Dak	quif Q
14. BIRTHPLACE (city or town) Royal Oak	Name of operation
(State or country) Salvet bong Wed	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME JULIA Maria Barrelle  16. BIRTHPLACE (city or town) Rayal Park	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16, BIRTHPLACE (city or town) Royal Oak	Accident, suicide, or homicide? Data of injury, 19
E (State or country) Tallett too. 2 200	Where did injury occur?
17. INFORMANT Satherine Skymes (Address) Engline Rott- Poyellate W	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Colory fram Date Cet 8,1935	Nature of injury
Deck Hold Holder	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER CALL A POPULATION (Address)	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	T. C.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PRIDENTIVE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(K3)
County Talbot	Registration Dist. No. 294
Village or City Telghman Med	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (sprite the word) Wall Walt OR DIVORCED (sprite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Eugenia Fust	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) July 5 (865	I las saw him alive on Control 1968 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 444
69 2 29 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Poises Sidlen mercung
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked et this occupation (month and	( Self admintered)
11. Total tima (years) spent in this occupation (month and year)	Other Country Country of Country
12. BIRTHPLACE (city or town) Stellma Remany (State or country)	Other Contributory Causes of Importance:
13. NAME W g Smith	reacte,
13. NAME W J Syrich Revision 14. BIRTHPLACE (city or town) Stetuna Revision	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jourg.	23. If deeth was due to external pauses (VIOLETIES) fill in elso the following:
15. MAIDEN NAME Tourse.  16. BIRTHPLACE (city or town) Stelling Linusly  (State or country)	Accident, suicide, or homicide? A.S. Date of injury, 19  Where did injury occur?
17. INFORMANT Fritz & Surille (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL Place Lightness Date Oct 6, 193.4	Manner of injury
19. UNDERTAKER Levingur Thanks (Address) St. Michaels Mr.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED LAT 6 , 1934 Gf Jackson Registrar.	(Signed) Guy Hellse M.D.  (Address Gaguing M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
40 ESEATE OF 22			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
/			

ADDITIONAL	SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-00)
County Jacket	Registration Dist. No. 293
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2 FILL NAME Hurs Fe Auline	
1./	OI W. J
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (awrite the word)  While Marriel  Marriel	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Column Th. Jullionas.	22. I HEREBY CERTIFY. That I attended deceased from
. (	October Pres of
6. DATE OF BIRTH (month, day, and year) /0/3/78 7. AGE Years Months Days If LESS than	I last saw h was alive on 1997, 1997; death is said to have occurred on the date stated above, at 25 m.
156 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causas of importance
Trade profession or particular	were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	2/40 the sing of
9. Industry or business in which work was done, as SILK MILL,	Coretral hemorrhaal with Turks
SAW MILL, BANK, etc.	Const. Hemiplegia Vyne droth
O 10. Data deceased last worked at this occupation (morth and years) spant in this year) occupation.	7
12. BIRTHPLACE (city or town) - Maryland	Other Contributory Canses of importanca:
(State or country)	
13. NAME Chas. W. Quelinan	
13. NAME Chas. TW. Sullivan	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Selen D. Cavey	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Selen N. Cover	Accident, suicide, or homicide? Date of Injury, 19
State or country) Red.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Chan H Sullyan (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Carter Data Of 137	Nature of Injury
19, UNDERTAKER James a. Offinee.	24. Was disease or injury In any way related to occupation of deceased?
(Address) Baston Jona.	If so, specify
20. FILED 10/6, 1934, Je L. Gardner Registrar.	(Signed) C. C. Leuram M. D. (Address) Pulla Goro, Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	MARGIN RESERVED FOR BINDING	
-WRITE PLAINLY, WITH	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	for-
mation should be carefully s	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	tate
CAUSE OF DEATH in plain	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	PA-
TION is very important. Se	TION is very important. See instructions on back of certificate.	1

5a. If married, widowed, or divorced HUBBAND of Or) WIFE or Or) WI	STATE OF MAR	RYLAND-	CERTIFICATE OF DEATH	1055
Village or City.  Length of residence in city or down where death occurred.  Length of residence in city or down where death occurred.  Vis	1. PLACE OF DEATH			
(If death occurred in a hospital or institution, give its NAME: instead of street and number)  Length of residence in city g-Lown where death occurred yrsmosds. How long in U.S. If of foreign birth?yrsmos  2. FULL NAME  (a) Residence: No	County Caller	-	Registration Dist. No.	0
Length of residence in city cutown where death occurred yrs	Village or City Exclose Trid	ages to	St.,	War
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (waring the word)  5. If married, widowed, or divorced HUSBAND  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Medical Certificate of Death  21. DATE OF DEATH  22. I HEREBY CERTIFY That I attended deceased for only kind of work done, as \$5 PINNER, BONKEEPER, etc.  SAW MILL, BARK, etc.  10. Date deceased last worked at this occupation (month and year)  Year)  12. BIRTHPLACE (city or town)  (State or country)  Name of operation.  Name	1	M		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIOOWED, OR DIVORCED Coming the word)  5a. If married, widowed, or divorced (or) Wife of (or) Wife, BOOKEEPER, etc.  8. Trade, profession, or particular Mind years (or) Mind of the particular Mind years (or) Wife, BOOKEEPER, etc.  9. Industry or business in which (or) Wife, BOOKEEPER, etc.  10. Die Geeezed last worked at this occupation (month and year) (occupation (or) Wife or (occupation) (occupat	2. FULL NAME CLEENE CA	11		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (minis, the word) OR		on of shode)		d State
3. SEX 4. COLOR OR RACE OR DIVORCED (write, the world) OR DIVO				
HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or, min.  I last saw bl. alive on to have occurred on the date stated above, at m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. Industry or business in which work was done, as SEIK MILL, SAW MILL, BRIK, etc.  10. Date deceased last worked at this occupation (month and year)  (Stata or country)  What test confirmed diagnosis?  Was there an aulopsy?  What test confirmed diagnosis?  Was there an aulopsy?  What test confirmed diagnosis?  Was there an aulopsy?  If LESS than to have occurred on the date stated above, at m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Other Contributory Causes of importance:  Other Contributory Causes of importance:  What test confirmed diagnosis?  Was there an aulopsy?  What test confirmed diagnosis?  Was there an aulopsy?  What test confirmed diagnosis?  Was there an aulopsy?  To the REBY CERT IFY That I attended decease contribution in the date stated above, at m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Other Contributory Causes of importance:  Other Contributory Causes of importance:  What test confirmed diagnosis?  Was there an aulopsy?  What test confirmed diagnosis?  Was there an aulopsy?  Where did injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INOUSTRY, in MOME, or in PUBLIC PLACE.  Manner of injury.  Manner of injury.	3. SEX 4. COLOR OR RACE 5. SINGLE, MOR DIVOR	ARRIED, WIOOWED, CED (write the word)	10 10	, 193 (Year)
To AGE  Years  Months  Jays  If LESS than I day, hrs. or min.  Note the principles of work done as SPINNER, with do work done as SPINNER, work was done, as SPINNER, or work was done, as SPINNER, work was done, as SPINNER, or work was done as SPINNER, or work was done or work was done as SPINNER, or work was done to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Jay Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury	HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY That I attended 1.1034, to 1.103	d deceased fro
1 day, hrs. or min.   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:   Date of were done, as \$PINNER, standard were as follows:   Date of were as fol			I last saw Pto Salive on 1997	_ /; death is sa
kind of work done, as SPINNER, SAWYER BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  (State or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  Was there an autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Date of injury  17. INFORMANT (Address)  Causes of importance:  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify city or town, country and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	7. AGE Years Months Days  7. AGE 4. AGE 4. AGE 1. A	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	Date of ons
(State or country)    13. NAME     14. BTRTHPLACE (city or town)	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)	pent in this	Choux Interstitual	193
What test confirmed diagnosis? Was there an autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or, country)  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMAJION, OR REMOYAL  Manner of injury  What test confirmed diagnosis? Was there an autopsy?  What test confirmed diagnosis? Was there an autopsy?  What test confirmed diagnosis? Was there an autopsy?  (Specify or town, country and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	(State ox country)			
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(Address) Easton Had  18. BURIAL, CREMAJION, QR REMOYAL  Manner of injury  Manner of injury	15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or, country)	Godd	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	ng: , 19
D Ak . return of injury	(Address) Easton Thid	0/13 ,19.34	Nature of injury	
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?  (Addiess) Easton 1 If so, specify (Signed) (Signed) (Signed) (Address) (Address) (Address)	(Address) Easlore Md	LLALORegistrar.	(Signed) America Junior (Signed)	<i>A</i> M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(RE:0)
County (albo)	Registration Dist. No. 290
Village or City Laston	No Emergency Mospitals ward
(II	death occurred in a horpital or iostitution, rivedts NAME intead of street and number)
900 (3	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME ! IT Sury and or	
(a) Residence: No. \ reston Y Marylan	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Telev 4 103H
5a, If marriad, widowad, or divorced	(Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of (tr) WHE of	22.   I HEREBY CERTIFY, That I ettanded dacassad from
1 transportages	Oct 2 1934 10 Oct 4 1934
6. DATE OF BIRTH (month, day, and year) 1) e. 12, 1879	I last saw h
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1:40 fc.m.
54 9 23 or min.	The PRINCIPAL CAUSE OF DEATH and related causas of importance ware parfollows:
8. Trade, profession, or particular kind of work done, as SPINNER.	preluce druce puple 1879
SAWYER, BOOKKEEPER, etc.	lempor left
work was dona, as SILK MILL, SAW MILL, BANK, atc	
10. Date dacaased last workad et 11. Total time (years)	
this occupation (month end spant in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Polent P. Taylor	
14. BIRTHPLACE (city or town)	Name of operation algorification Date of 0/4/1
(Stata of country)	What tast confirmed diagnosis? Cleaner & Was there an au'opsy? My
15. MAIDEN NAME Mary &. Williams	23. If death was due to external causes (VIQLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Prestor	Accidant, suicide, or homicide? 1775 Date of Injury 10/2 19 54
X (State or country)	Where did injury occur? O Noston, Caroline, mo
17. INFORMANT LES LOUPEN	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Aslow	Indiastry
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Greet Three Roof on Level.
Place Date Date J 190	Nature of injury Aldaluse Skull Surferal le
19. UNDERTAKER MITTERS IS IN INC.	24. Was disaase or injury in any way related to occupation of deceased? 9205
(Addrass) Creston, m.	If so, specify
20, FILEDY O/ (0, 1934 7/ JOH) Perrus	(Signed) M. D.
Registrar.	(Addrass) CB10 W
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street car 1 week a 927 Peritonitis 3 days as
Run over by street car 1 week a
927 Peritonitis 3 days at
Other contributory causes of importance:
923 Gastroenteritis 1 year
-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  *Arteriosclerosis**	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		(3)	554
County Vactal		Registration Dist. No. 290	
Village or City Curlin		Tomer gener For by by	War
Length of residence in city or town where de	ath occurredvrsmo	f death occurred in a horping or institution give its NAME instead of street and numbesds. How long in U.S. if of breign birth?yrsmos	er)
2. FULL NAME	Mal	1711	
(a) Residence: No.	INI MA	St. Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
F White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  2 2 , 193  (Month) (Day) , 193	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended decease	
(OF) WIFE OF	16 - 1	1/1.1- 37.	ised from
6. DATE OF BIRTH (month, day, end year)	1. 12-1434		th is sal
7. AGE Years Months	Days  If LESS than I day,hrs.	to heve occurred on the date stated above, et	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Date	e of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at	7	Steeling	
10. Date deceased last worked at this occupation (month and year)	II. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	stand	Other Coutributory Causes of importance:	
# 13. NAME Grachel de /	hlom		
14. BIRTHFUACE (city of town) MC A	0	Name of assetion	
(State of Country)	rue	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy	
15. MAIDEN NAME Haurie	Varie Jackson	23. If death was due to external causes (VIOLENCE) fill in also the following:	11
16. BIRTHPLACE (city or town) Lilyh	nearly of	Accident, suicide, or homicide? Date of injury, 1	19
(State or country)	La.	Where did injury occur? (Specify city or town, county and State)	
(Address) Jalque	Mon nd	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	10 t 2.2. 3/	Manner of injury	
Place Energy Ampilas	Date (1932, 1932	Nature of injury	
19. UNDERTAKER CALLERGE (Address)	y Harpital	24. Was disease or injury in any way related to occupation of deceased?	
20, FILE 1. 0/22 1934 7	Ha Meren	(Signed) (Address) Books Med	M. D
If more bla	inks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. z.	

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year